Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X A. BUILDING: 01			(X3) DATE SURVEY COMPLETED	
			A. BUILDING.	01	R)	
HAL018023		B. WING		09/02/2015			
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	DRESS, CITY, STATE, ZIP CODE			
AUSTIN	ADULT CARE		GARNER INDUSTRIAL DRIVE R, NC 28613				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE	
{C 000}	Initial Comments		{C 000}				
	Report of Follow-up 9-2-2015.	Survey by Dennis Harrell on					
	Most deficiencies were not corrected. Further action is required.						
{C 166}	Housekeeping-Maintained Free of Hazards		{C 166}				
	FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, free hazards;	06 HOUSEKEEPING AND					
	maintained in a safe wall finishes have b left dirty and unfinis	vation, the building was not e manner because bedroom been removed and the walls shed. This would effect all ing them to dirty and					
		Il the bedrooms has been an unfinished surface covered					
{C 189}	Building Equipment	t Maintained Safe, Operating	{C 189}				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
			B. WING		R	
		HAL018023	B. WING		09/0	2/2015
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
AUSTIN	ADULT CARE		GARNER INDUSTRIAL DRIVE R, NC 28613			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
{C 189}	operating condition. (k) This Rule shall facilities with the ex which shall not apply the shall not apply. This Rule is not med 3. Based on obser HVAC vents were no operational manner residents by not produce affected areas. Findings on July 16 a. The ceiling locations: a) Corrid (1), c) Bedroom not be bedroom 11 (1), e) linen (1), f) Dining 4. Based on obser maintained in a safe the fire-resistance of the f	maintained in a safe and apply to new and existing ception of Paragraph (e) by to existing facilities. Let as evidenced by: vation, some of the ceiling of maintained in an and a thickness. This would effect allowiding climate control in a control in	{C 189}	BEHOLING!)		
	corridor bath,	ici cocatoricon missing in the				

Division of Health Service Regulation STATE FORM

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				TE SURVEY MPLETED			
					F				
		HAL018023	B. WING		09/0	2/2015			
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
AUSTIN ADULT CARE 511 BUMGARNER INDUSTRIAL DRIVE CONOVER, NC 28613									
(X4) ID PREFIX TAG	(EACH DEFICIENCY	EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL			(X5) COMPLETE DATE				
{C 189}	Continued From pa	ge 2	{C 189}						
{C 189}	e. There is an unproin the corridor bath annunciator. g) There is an unproconduit in the corridor panel. These unprotected conformance with the through penetration	otected penetration by conduit	{C 189}						

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